

STATE OF NEW MEXICO
COUNTY OF BERNALILLO
SECOND JUDICIAL DISTRICT COURT

In the matter of [REDACTED]

Case no. SQ 2007-444

D.O.B. [REDACTED]

PETITION FOR APPOINTMENT
OF A TREATMENT GUARDIAN FOR AN ADULT

SET FOR HEARING ON 2/25/21, AT 10:00 AM (AM) (PM)

Petitioner, Else Macasin MD, under Section 43-1-15 NMSA 1978 states:

1. Respondent, [REDACTED], is 59 years of age and is a resident of Bernalillo County, New Mexico.

2. Respondent is currently
 a patient at ABQ VAMC (name of institution or facility).

OR

in the custody of _____ (name of institution or facility)

OR

residing in the community at _____ (Respondent's last-known address).

3. Respondent has a mental disorder as defined by the New Mexico Mental

Health Code, Section 43-1-3 (O) NMSA 1978, and is currently diagnosed as follows:

Schizoaffective Disorder

4. The Symptoms or behaviors that support the diagnosis are as follows:

Psychosis

Depression

Catatonia

5. Respondent is receiving treatment at

ABQ VAMC (name of institution or facility)

OR

in community based services.

6. Respondent's mental health or development disabilities professional or physician, Elise Morosin, MD 1501 San Pedro Dr SE Albuquerque NM (name and address of professional or physician), is proposing the following course of treatment:

Medication management, milieu therapy, seclusion & Restraints per protocol

7. (OPTIONAL) Respondent was administered emergency medications on _____ (date) pursuant to Section 43-1-15(M) NMSA 1978.

8. Petitioner believes that Respondent is incapable of giving or withholding informed consent to the proposed course of treatment, and therefore lacks capacity to make [his] [her] own mental health care treatment decisions.

9. The following efforts have been made by Elise Morosin MD (name of mental health or developmental disabilities professional or physician) to discuss the proposed course of treatment and the associated risks and benefits with Respondent:

Discussed risks and Benefits of Treatment with patient

10. The following individual or entity has expressed a willingness to serve as a treatment guardian to make substitute decisions for Respondent as to the course of treatment which would be in Respondent's best interest and consistent with the least drastic means for accomplishing the treatment objective:

Name: Paulette Jordan
Phone Number: 505-685-4142

11. The proposed treatment guardian is:
(check all that apply)

- A family member or friend of Respondent.
- A "contract treatment guardian" with the office of Guardianship.
- A court appointed guardian under the Probate Code.
- An agent designated or nominated by Respondent when Respondent had capacity.
- A surrogate under the Uniform Health Care Decision Act.

12. Petitioner has provided the proposed treatment guardian with a copy of Form 4-931 NMRA which sets forth the duties and responsibilities of a treatment guardian.

13. (OPTIONAL) Petitioner believes that Respondent has the following designated or court-appointed agent(s): _____

(name and type of all designated or court-appointed agents).

14. Petitioner intends to call the following witnesses: Yours Elise Morosin,
Jessica Thai, Travis Campbell, Peggy Rodriguez, Molly Whitt,
Rebecca Johnson, Carl Brown, John Carte, Monica Alycha
WHEREFORE, Petitioner prays that the Court find that Respondent is not capable of
making [his] [her] own mental health treatment decisions, and that it appoint the above-named
person to serve as a treatment guardian for Respondent and to serve in such capacity for

days;
 12 months;
 Respondent's course of hospitalization
 Respondent's duration of detention or incarceration; or
 other: _____

provided that such appointment shall not exceed one year without further court review and shall
be for a time period consistent with the treatment needs of Respondent. Petitioner further prays
for such other relief as the Court may deem proper.

Interpreter needed: () yes (x) no

Language spoken: English

Respectfully submitted,


(Signature of Petitioner)

VERIFICATION
(To be used only by self-represented petitioner)

I, _____, affirm under penalty of perjury under the laws of the State
of New Mexico that the information above is true and correct.

(Signature and date)